

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-15-05</u>		2 Serial/Patent # <u>10/525717</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>							
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
Overpayment		Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;">1</td><td style="width: 20px;">9</td><td style="width: 20px;">--</td><td style="width: 20px;">4</td><td style="width: 20px;">8</td><td style="width: 20px;">8</td><td style="width: 20px;">0</td></tr> </table>			1	9	--	4	8	8	0
1	9	--	4	8	8	0					
No Fee Due (Explanation):											
<u>Fee Code Correction</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>BAC</u>			TITLE: _____								
SIGNATURE: <u>BAC</u>			PHONE: _____								
OFFICE: <u>PCT/DO/EO</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*